

Friendly Hills Regional Medical Center

October 20, 1997

Office of Statewide Health Planning and Development
Health Policy Planning Division
1600 9th Street, Room 350
Sacramento, California 95814

Dear Dr. Werdegarr:

We are pleased to once again have the opportunity to preview the results of the California Hospital Outcomes Project's 1991-1993 Report on Heart Attack. The efforts of this initiative are important as a preliminary attempt to develop public reports comparing hospital outcomes for selected conditions treated in hospitals throughout the state. While we recognize the importance of this State and OSHPD sponsored initiative, we feel that the study includes some major flaws. The results incorrectly, unfairly and unfavorably represent Friendly Hills Regional Medical Center's AMI mortality rate for the reasons set forth below.

- We are not confident that risks associated with the principal diagnosis of AMI were coded/captured accurately during the years studied. Retrospective coding audits conducted in years prior to 1996 revealed coding accuracy rates of only 33% with DRG assignment accuracy of only 77%. One coding audit adjusted the case mix from an original of 1.4043 to 1.5464. The majority of the coding errors were attributed to omission of secondary diagnoses or risk factors and omission of significant procedures.

Our failure to code significant comorbidities such as hypertension, diabetes, congestive heart failure, renal disease, and the like made our patients appear lower risk than they actually were. Therefore, due to coding errors our risk adjusted death rate was significantly overstated in the study.

- The study did not take into account factors such as the presence of Advanced Directives and associated Do Not Resuscitate (DNR) orders. 57% of the patients reported as expired in the study sample had DNR orders present. Because these patients had expressed the desire to forgo heroics and life sustaining treatment, we feel that these do not feel that these deaths should be included in the study.

The inclusion of cases with DNR orders present is a significant flaw in the study. We feel very strongly that cases with DNR orders should be excluded from subsequent studies.

- Overall 45% of Friendly Hills patients are over the age of 60 years. Market studies reveal that the average age of the patients in our catchment area is greater in comparison to surrounding communities. From the sample selected for this study the average age was 70.7. The average age of the patients reported as expired was 77.7 years.

The literature supports the fact that mortality rate from AMI increases as age and associated risk factors increase. Because Friendly Hills Regional Medical Center's patient base includes such a large percentage of older patients, we are placed at an unfair advantage in comparison to other facilities. The study would be more useful if mortality rates were reported and compared by age category.

- Because of the advanced average age of our patients, it is likely that our patients are sicker. Presence of missing variables such as low systolic blood pressure and low heart rate at presentation, shock and cardiac arrest within 24 hours more than likely present in our patients and had a significant adverse impact on our mortality rate.
- We feel that comparing community hospitals without tertiary care to others that have capability for emergent angiography, angioplasty, bypass etc. is a significant flaw in the study. A significant percentage of Friendly Hills Regional Medical Center patients are transferred to a higher level of care directly from the Emergency Department because we do not have the capability to do cardiac angiography, angioplasty or bypass. Attributing adverse outcomes to the original facility places that facility at an unfair advantage. It is highly probable that the death could be attributed to treatment received after transfer.

We do not believe that the data is an accurate representation of outcomes relevant to our current protocols. Utilizing data that is 5 to 7 years old is not useful in predicting current outcomes. Many improvements in therapies, process and protocols including the widespread use of thrombolytics have enhanced our outcomes. We are proud of our positive patient outcomes and the work of our Thrombolytic Performance Improvement Team which has drastically reduced our "door to drug" time.

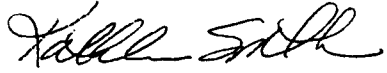
We do not believe that the study is an accurate representation of Friendly Hills Regional Medical Center's outcomes for AMI patients. For future studies, additional consideration should be given to factors such as patient age, clinical characteristics such as systolic blood pressure, shock at presentation, cardiac arrest within the previous 24 hours and DNR orders and availability of urgent angiography, angioplasty and bypass surgery.

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Thank you once again for the opportunity to preview the study results. We hope that you will take our comments into consideration in subsequent study design.

Sincerely,



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